

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

EXAMINER

DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1							51							
2							52							
3							53							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND							TOTAL IND							
TOTAL DEP							TOTAL DEP							
TOTAL CLAIMS							TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS